



# TEAM Nutrition



**Team Nutrition** is a national program of the United States Department of Agriculture (USDA) funded to states who meet the program's goals for improving children's lifelong eating and physical activity habits through nutrition education based on the principles of the 2005 Dietary Guidelines for Americans and USDA's MYPyramid. The Team Nutrition training program in Washington, DC was funded to support Child And Adult Care Food Program (CACFP) child development centers and family day care home food service professionals. A **"FREE"** ten lesson program will be offered to eligible sites on healthy, nutritious, and safe meal service planning, preparation and presentation at the **University of the District of Columbia, Cooperative Extension Service, Center for Nutrition, Diet and Health located at 410 8th Street NW Room 301, Washington, DC 20001.** Please refer to the OSSE website at [www.osse.dc.gov](http://www.osse.dc.gov) for upcoming information on enrollment for the following schedule:

**Cycle I:** March 31, 2009-April 30, 2009 (10 Total Classes)  
**TUESDAYS and THURSDAYS ONLY 6:30 P.M.-8:30 P.M.**

**Cycle II:** May 05, 2009-June 04, 2009 (10 Total Classes)  
**TUESDAYS and THURSDAYS ONLY 6:30 P.M.-8:30 P.M.**

**Cycle III:** May 09, 16, 23, 30 2009 (FAMILY DAY CARE HOME PROVIDERS ONLY)  
**SATURDAY ONLY 9:30 A.M.-3:30 P.M. (4 Total Classes)**

**Cycle IV:** July 07, 2009-August 09, 2009 (10 Total Classes)  
**TUESDAYS and THURSDAYS ONLY 6:30 P.M.-8:30 P.M.**



## REGISTRATION

- ▷ One foodservice professional per facility (including family home care providers who prepare meals) must pre-register for one of the above mentioned training Cycles and commit 5 weeks two (2) evenings per week ;
- ▷ If an alternate foodservice professional is available they must also pre-register to maintain the organizations place in the training;
- ▷ **Pre-registration is now available at 202-741-5307 or via e-mail request to the attention of Dr. Dawanna James-Holly at [Dawanna.james-holly@dc.gov](mailto:Dawanna.james-holly@dc.gov) .**

## ELIGIBILITY

- ▷ DC DOH Licensed, Independent or Sponsored Child Care Centers or Family Day Care Homes;
- ▷ Commit to participation in the OSSE-CACFP for at least one full year;
- ▷ Must offer reimbursable meals (breakfast, lunch, supplement or supper) that meet USDA standards for the CACFP;
- ▷ Must adhere to all federal and local rules and regulations and have never been declared "seriously deficient" in the CACFP;
- ▷ Child Care Centers and Family day care homes must enroll in Team Nutrition during the duration of the training program available online at <http://teamnutrition.usda.gov/Join/enrollmentform.pdf>
- ▷ Priority will be given to self preparation centers and homes.

## INCENTIVES

- ▷ At the 5th week 20 clock hours of Early Childhood Education Administration credits will be awarded;
- ▷ Recipes for child development facilities will be professionally demonstrated by the Capital Area Food Bank;
- ▷ Resources including videos, recipes, and the D.C. Team Nutrition Training Guide will be provided.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

The USDA is an equal opportunity provider and employer. This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture. The contents of this publication do not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.



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## REGISTRATION FORM

Registrant Name: \_\_\_\_\_ Title/Position \_\_\_\_\_

Alternate Registrant's Name: \_\_\_\_\_ Alternate Title/Position \_\_\_\_\_

Type of Child Development Facility (check one)

☐ Child Care Center

☐ Family Day Care Home Provider

Child Development Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (please write in all contact numbers): \_\_\_\_\_

Alternate Telephone number (please write in all contact numbers): \_\_\_\_\_

Please write in an E-mail address for each registrant: \_\_\_\_\_

## Training Schedules:

(Please check the cycle series in the first column for your committed training schedule)

TRAINING SELECTION	CYCLE SERIES	DATES	DAY/S	TIMES
—	CYCLE I	March 31, 2009-April 30, 2009	Tuesdays & Thursdays	6:30 P.M.-8:30 P.M.
—	CYCLE II	May 05, 2009-June 04, 2009	Tuesdays & Thursdays	6:30 P.M.-8:30 P.M.
—	CYCLE III	May 09, 16, 23, 30 2009	Saturdays	9:30 A.M.-3:30 P.M.
—	CYCLE IV	July 07, 2009-August 09, 2009	Tuesdays & Thursdays	6:30 P.M.-8:30 P.M.

Return this form to the DC Office of the State Superintendent of Education,

Wellness and Nutrition Services by **June 30, 2009.**

**Space is limited for each training cycle; however On-site/Late registration will be determined by seat availability at the close of pre-registration**

Please fax your completed form to (202) 724-7656 or via e-mail to the attention of Dr. Dawanna James-Holly at [dawanna.james-holly@dc.gov](mailto:dawanna.james-holly@dc.gov).

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